

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Miller, et al.  
Filing Date: September 27, 2001  
Serial No.: Unassigned  
Title: TREATING NEUROLOGICAL DISORDERS USING HUMAN APOPTOSIS INHIBITING PROTEIN.

Assignee: Unassigned  
Examiner: Unassigned  
Group Art Unit: Unassigned

UTILITY PATENT APPLICATION & FEE TRANSMITTAL  
(for nonprovisional applications under 37 CFR § 1.53(b))

Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:

<b>I. Elements of the Application</b>	
<input checked="" type="checkbox"/> Application	[0] page(s) of Cover Sheet [48] page(s) of Specification [3] page(s) of Claims (20 claims) [1] page(s) of Abstract [9] sheets of Drawings [X] Formal [ ] Informal
<input checked="" type="checkbox"/> Declaration and Power of Attorney	[3] page(s) [ ] Unexecuted [X] Executed [X] Copy from prior application (37CFR § 1.63(d))
<input type="checkbox"/> Deletion of Inventors:	[ ] page(s) of signed statement deleting inventor(s) (37CFR § 1.63(d) & 1.33(b))
<input type="checkbox"/> Request and Certification Under 35U.S.C. 122(b)(2)(B)(i)	
<input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission:	[ ] page(s) of Sequence Listing (paper copy) [ ] disk(s) containing Sequence Listing (computer readable copy) [ ] page(s) of Statement Under 37 CFR 1.821(f)
<input type="checkbox"/> Microfiche Computer Program Appendix	
<b>II. Claim for U.S. Priority</b>	
<input checked="" type="checkbox"/> This application is a	<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part of Prior Application No. 09/419,694 filed October 14, 1999. (35 USC §120)
<input checked="" type="checkbox"/> This application claims the benefit under 35 U.S.C. §119(e) of United States Application Serial No. 60/111,502, filed December 8, 1998. (Provisional Application)	
<input checked="" type="checkbox"/> The entire disclosure of the prior application referenced above, is considered as being part of the application filed herewith and is herein incorporated by reference in its entirety.	
<b>III. Claim for Foreign Priority</b>	
<input type="checkbox"/> This application claims the benefit under 35 USC §119 of Prior Application No. _____ filed _____.	
<input type="checkbox"/> Certified Copy of Priority Document	[ ] page(s)
<input type="checkbox"/> English Translation of Priority Document	[ ] page(s)

**IV. Accompanying Documents**

- ☐ Assignment Papers [ ] page(s) of Recordation Cover Sheet [ ] page(s) of Assignment
- ☒ Applicant(s) claims Small Entity Under 37 CFR § 1.27 [X] Verified Small Entity Statement was previously filed in Prior Application No. 09/419,694, filed on October 14, 1999.
- ☐ Information Disclosure Statement [ ] page(s) of PTO-1449 [ ] copies of IDS References
- ☐ A Preliminary Amendment [ ] page(s)
- ☐ A copy of a Petition for Extension of Time ( \_ mos.) filed simultaneously in Prior Application No. \_\_\_\_\_
- ☐ A copy of a Submission of Processing & Retention Fee (37 CFR § 1.78(a)(1) which is being filed simultaneously in Prior Application No. \_\_\_\_\_
- ☐ Other \_\_\_\_\_ (specify)
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

**V. Fee Calculation**

<input checked="" type="checkbox"/> The following fees are submitted:				CALCULATIONS	
		OTHER THAN SMALL ENTITY	SMALL ENTITY	\$	
<b>BASIC NATIONAL FILING FEE</b>		\$ 710.00	\$ 355.00		<b>\$355.00</b>
<b>EXTRA CLAIMS FEE</b>					
<b>CLAIMS</b>	<b># FILED</b>	<b># EXTRA</b>	<b>RATE</b>	<b>RATE</b>	
Total Claims	20 - 20 =		× \$18.00	× \$ 9.00	\$
Independent claims	3 - 3 =		× \$80.00	× \$40.00	\$
<b>MULTIPLE DEPENDENT CLAIM(S)</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$270.00	\$135.00		\$
Fee for recordation of the enclosed assignment (37 CFR 1.21(h), 3.28, 3.31).					
_____ (Numbers of Applications) × \$40.00					\$
<b>OTHER FEES</b> _____ (specify)					\$
<b>OTHER FEES</b> _____ (specify)					\$
<b>TOTAL FEES =</b>					<b>\$355.00</b>

- a. ☒ A check in the amount of \$355.00 to cover the above fees is enclosed.
- b. ☐ Please charge Deposit Account No.: \_\_\_\_\_, Docket No. \_\_\_\_\_, in the amount of \$ \_\_\_\_\_ to cover the above fees. *A duplicate copy of this sheet is enclosed.*
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1192, Docket No. 13761-7030. *A duplicate copy of this sheet is enclosed.*

SEND ALL CORRESPONDENCE TO:

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SIGNATURE

DATE

Rajiv Yadav  
 NAME

REGISTRATION NUMBER

September 27, 2001

43,999